

MONTHLY FACILITY INSPECTION CHECKLIST
CLASS A OR B OPERATORS

NAME: _____ DATE OF INSPECTION: ____/____/____

STORE NAME/NUMBER: _____

ADDRESS (STREET): _____

LOCATION (CITY/STATE): _____

DEQ FACILITY NUMBER: 0-00 _____

- Whenever a Class A Operator is in charge of more than one facility, a monthly inspection is required.
- The Class A or B Operator for each facility must perform a monthly visual inspection of each storage tank system for which they are designated.

☐ The presence of any alarm conditions, identify alarms and corrective actions.

☐ The integrity of the spill containment (cracks, holes, bulges, etc.) and for the presence of regulated substance, water, or debris in spill containers (fill and vapor recovery).

☐ Describe the condition of all single wall piping sumps.

☐ Inspect hanging hardware (hoses, breakaways, nozzles, swivels etc.) on dispensers and other visible piping for the presence of leakage. Identify any leaks and associated repairs.

The owner or operator shall maintain a copy of the monthly inspection checklist and all attachments for the previous twelve (12) months. The records shall be maintained on site or off-site at a readily available location within the State of Wyoming.